

WHAT DOES QIPP MEAN FOR FINANCE STAFF?



WHAT I'M HERE TO TALK ABOUT...

- ① What is QIPP?
- ② Typical CCG's strategic objectives
- ③ Typical CCG's approach to QIPP
- ④ Implementing QIPP
- ⑤ Barriers to QIPP
- ⑥ The role of Finance

**WHAT DO I
KNOW ABOUT
THIS STUFF?**

East Kent Hospitals University 
and Foundation Trust

Welcome to
**Queen
Elizabeth**
The Queen Mother
Hospital

St Peters Road Entrance

←   Car Park





Redcar and Cleveland
Primary Care Trust **NHS**

West Midlands Ambulance Service
NHS Trust **NHS**

Wirral Community
NHS Trust **NHS**

Liverpool Heart and Chest Hospital
NHS Foundation Trust **NHS**

Shropshire Community Health
NHS Trust **NHS**

Barking, Havering
and Redbridge Hospitals
NHS Trust **NHS**

Calderstones Partnership
NHS Foundation Trust **NHS**

Worcestershire
Acute Hospitals NHS Trust **NHS**

Oxford University Hospitals
NHS Trust **NHS**

Centre **NHS**

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

East Lancashire Hospitals
NHS Trust **NHS**

NHS
Wirral

Liverpool Women's
NHS Foundation Trust **NHS**

The Mid Yorkshire Hospitals **NHS**

Rotherham Doncaster and
South Humber Mental Health
NHS Foundation Trust **NHS**

Lancashire Teaching Hospitals
NHS Foundation Trust **NHS**

County Durham and Darlington
NHS Foundation Trust **NHS**

Kingston Hospital
NHS Trust **NHS**

Barnet, Enfield and Haringey
Mental Health NHS Trust **NHS**

Southport & Ormskirk Hospital
NHS Trust **NHS**

Staffordshire and
Stoke on Trent Partnership
NHS Trust **NHS**

North Cumbria
University Hospitals
NHS Trust **NHS**

Bedford Hospital
NHS Trust **NHS**

Liverpool Community Health
NHS Trust **NHS**

Chester West
NHS Foundation Trust **NHS**



'QIPP past it's sell by date?'
ROY LILLEY

WHAT'S IT ALL ABOUT?

Quality

Improvement

Productivity

Prevention

'Move to the Q!'
Selena Bealing,
QIPP project manager
GEM CSU



Transactional QIPP

Counting/coding

Prescribing

'stewardship'

Transformational QIPP

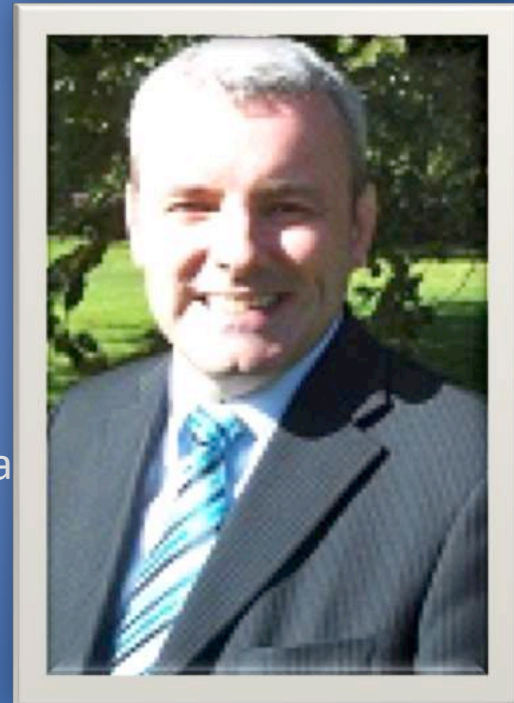
Working together

'50/50'

What does sustainable health and social care

The better care fund

Andrew Pepper
CFO, Wakefield CCG



World Class Commissioning, the Learning
Organisation, Lean, 6 Sigma, Quality Circles.



KEY PRINCIPLES OF QIPP

- ① Remember the patient
- ② Value for money
- ③ Whole system efficiency
- ④ Do things differently
- ⑤ Not necessarily cash releasing

TYPICAL STRATEGIC OBJECTIVES OF A CCG

Improving Health (support people to make healthy life choices and reduce health inequalities) e.g. alcohol intervention

Planned Care and Disease Management (people will be supported to take control of their condition and reduce the impact on their life) e.g. putting in place integrated health and social care plans

Spend to save

Summary QIPP Plan 2014/15

Name of Scheme	Lead Commissioner	Area	Gross Savings 14/15 £'000	Investment requested 14/15 £'000	Net Savings 14/15 £'000
Reduction in Long Term Health Conditions (including Florence Simple Telehealth, COPD out of hours Breathtless Line, Age UK telephone Buddy System, Age UK Pop up Health Clubs and Arrhythmia Care Co-ordinator for 14/15 and then some from last year		Planned Care	358	365	7
Community Pain Management		Planned Care	181	163	18
Continence- Reductions in gynae and urology activity		Planned Care	15	14	2
Reduction in T&O Referrals- MSK Project		Planned Care	234	116	118
Community Ophthalmology Services		Planned Care	272	244	28
Community Dermatology Service		Planned Care	88	70	18
Community Gynaecology Service		Planned Care	116	93	23
Endoscopy Service		Planned Care	34	27	7
PEARS, Cataracts, Repeat Measures		Planned Care	121	75	46
Physiotherapy		Planned Care	45	40	5
MRI		Planned Care	105	80	25
Local Optometrists		Planned Care	34	28	6
LUTS		Planned Care	51	38	13
Development of a Community Gastroenterology Service		Planned Care	47	28	19
Community ENT Service		Planned Care	104	83	21
Cons to Cons		Planned Care	76	-	76
first to /follow up ratio		Planned Care	133	-	133
Advice & guidance, Higher Ref Practice and PLCV		Urgent Care	665	500	165
Frail and Complex - BCF Transition Support		Urgent Care	1,077	1,000	77
A&E Primary Care at Front Door		Urgent Care	483	160	323
0-1 LOS		Urgent Care	273	55	218
Emergency Transport		Urgent Care	150	-	150
Medicines Management		Medicines Management	750	5	745
RAID		Mental Health and Childrens	107	293	186
Church Parade		Mental Health and Childrens	109	-	109
Paediatrics Reduction in Admissions		Mental Health and Childrens	24	1	23
Paediatric Community Phlebotomy		Mental Health and Childrens	24	24	-
			5,676	3,502	2,175

TYPICAL STRATEGIC OBJECTIVES OF A CCG

Urgent Care (people will feel safe and supported in times of crisis) e.g.
reduce hospital admissions for heart failure patients

Quality (services will be safe, consistent, and patient focused; patients, carers and staff will be empowered to provide feedback) e.g.
soft intelligence recording system

TYPICAL CCG QIPP FRAMEWORK

Five Clinical Directors (GPs) employed to lead innovation and change in their specific area

Programme Management process to ensure governance is followed and progress monitored

Progress monitored by the Finance and Performance Committee on behalf of the Governing Body

IMPLEMENTING QIPP SCHEMES

- ① Must have full clinical engagement
- ② Must have full co-operation between primary and secondary care clinicians
- ③ Social Care input is likely to be crucial – working in conjunction with Local Authorities
- ④ All parties to be absolutely clear about any financial impact
- ⑤ How will it work within the contract?

**Everything you
wanted to know about
Clinical Engagement**
but were afraid to ask



London, 25th September

HOW QIPP IDEAS ARE NURTURED

Initial scoping of idea – likely to be generated within member GP practices, and/or in conjunction with secondary care

Production of “light” business case where numbers will be added (if appropriate) and a number of impact assessments take place e.g. privacy impact, equality impact
Patient Council involvement

BARRIERS TO ACHIEVING QIPP

- ① Working in a silo
- ② Incompatible organisational objectives e.g. CCG looking to reduce expenditure but the local Trust has a growth strategy
- ③ Not being clear at the start of the measures of success e.g. key performance indicators
- ④ Trying to do too many small scale schemes

Royal Free London NHS Foundation Trust

e-Recruitment Service

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Job summary

Job title QIPP Clinical Service
Improvement
Manager

Main area QIPP

Band Band 8b

Contract description Permanent

Hours Full Time 37.5 hours
per week

Job ref HJUK/391-4509

Employer Royal Free London
NHS Foundation Trust

Employer type NHS

Site Royal Free Hospital

Town London

Salary £51,986 - £62,783 pa
inc

Closing 20/05/2014 23:59

THE ROLE OF FINANCE IN QIPP DELIVERY

Domain 4 of CCG assurance framework

Get RAG rated on delivery and full year forecast

Absolutely essential

However, Finance must not be seen as the “keeper of all things QIPP”

Need to be involved at all stages of the cycle – scoping, initial facts and figures, and ongoing monitoring

Benchmarking and opportunity spotting

Financial input into the contractual process

KEY FINANCE INTERDEPENDENCIES (1)

Must work very closely with the Quality Team to ensure mutually compatible outcomes

Business Intelligence – there must be reliable facts and figures on which to scope a scheme and to monitor progress

Transformation Team – supporting them in focussing on areas which will deliver efficiencies and improvements in quality

KEY FINANCE INTERDEPENDENCIES (2)

Key clinicians – Finance staff need to gain their confidence so it's not just seen as a cost cutting exercise

Trust Finance and Contracting leads – need to ensure we facilitate the changes rather than put up barriers

Local Authority colleagues – public health budgets are now with the Local Authorities

FINAL MESSAGE

- ① Finance staff need to be the voice of reason and logic
- ② Finance staff need to ensure schemes are implemented with the correct governance and contractual processes
- ③ Finance as a function needs to be an enabler rather than a blocker

"Must reading for every physician who cares for patients and every patient who wishes to get the best care." — *Time*

NEW YORK TIMES BESTSELLER

How Doctors Think



JEROME GROOPMAN, M.D.
WITH A NEW AFTERWORD

Are you too busy to improve?

No
thanks!

We are
too busy



ANY QUESTIONS?

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